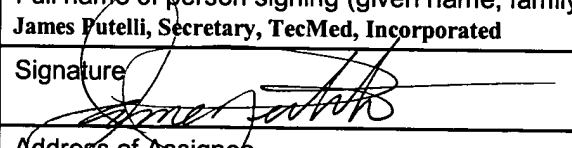


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| REISSUE APPLICATION DECLARATION BY THE ASSIGNEE | | Docket Number (optional) TECMED893 |
| <p>I hereby declare that:</p> <p>My residence and mailing address and citizenship are stated below next to my name.</p> <p>I am authorized to act on behalf of the following assignee: <u>TecMed, Incorporated</u></p> <p>and the title of my position with said assignee is: <u>Secretary of the Corporation</u></p> <p>The entire title to the patent identified below is vested in said assignee.</p> | | |
| <p>Name of Patentee(s) GOBELI, Garth W. (as identified in the currently issued patent)</p> | | |
| <p>Patent Number US 6,246,893 B1</p> | <p>Date of Patent Jun. 12, 2001</p> | |
| <p>Title of Invention METHOD AND DEVICE FOR GLUCOSE CONCENTRATION MEASUREMENT WITH SPECIAL ATTENTION TO</p> | | |
| <p>I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled <u>METHOD AND DEVICE FOR GLUCOSE CONCENTRATION ...</u></p> | | |
| <p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number _____ and was amended on _____ (If applicable)</p> | | |
| <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> | | |
| <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> | | |
| <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input checked="" type="checkbox"/> by reason of other errors.</p> | | |
| <p>At least one error upon which reissue is based is described as follows:</p> <p>An error of an inventor (Alan J. Leszinske) incorrectly not named as one of the true inventors in the issued subject patent.</p> | | |
| <p>[Attach additional sheets, if needed.]</p> | | |
| <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p> | | |

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| REISSUE APPLICATION DECLARATION BY THE ASSIGNEE | | Docket Number (Optional) TECMED893 | |
| I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith. Name(s) _____ Registration Number _____ | | | |
| Kevin Lynn Wildenstein, Reg. No. 39,072 | | | |
| Correspondence Address: Direct all communications about the application to: <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> Customer Number <div style="border: 1px solid black; padding: 5px; margin: 0 10px; text-align: center;">34534</div> <div style="margin: 0 10px;">→</div> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 150px;"> Place Customer Number Bar Code Label Here </div> </div> <div style="margin-top: 10px; margin-left: 100px;"> <i>Type Customer Number Here</i> </div> </div> <div style="margin-top: 10px; text-align: center;"> OR </div> <div style="display: flex; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> <input type="checkbox"/> Firm or Individual Name </div> <div style="border: 1px solid black; flex-grow: 1; min-height: 20px;"></div> </div> | | | |
| Address | | | |
| Address | | | |
| City | | State | |
| Country | | | |
| Telephone | | Fax | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed. | | | |
| Full name of person signing (given name, family name) James Putelli, Secretary, TecMed, Incorporated | | | |
| Signature  | | Date September 22, 2003 | |
| Address of Assignee TecMed, Inc., 5012 Copper Blvd. NE, Albuquerque, New Mexico 87108 | | | |
| Patentee | | Citizenship | |
| Residence/Mailing Address | | | |
| Patentee | | Citizenship | |
| Residence/Mailing Address | | | |
| <input type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto. | | | |